

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10618740

FILING DATE 3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		4				
15		4				
16		1				
17		1				
18		4				
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22		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	31					
TOTAL CLAIMS	33					

	IND		DEP		IND		DEP		IND		DEP	
51												
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TOTAL DEP.												
TOTAL CLAIMS												